

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER
 PG3733USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

Send Correspondence to: Direct Telephone Calls to:

 Bonnie Deppenbrock
 919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR BURBIDGE	FAMILY NAME BURBIDGE	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP Stevenage	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR CLARE	FAMILY NAME CLARE	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL John
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP Stevenage	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR COX	FAMILY NAME COX	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP Stevenage	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR DUPERE	FAMILY NAME DUPERE	FIRST GIVEN NAME Joseph	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE X	Signature X		Date: X
0	RESIDENCE & CITIZENSHIP Cranfield	CITY Cranfield	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS 3 East Road Whorley End	CITY Cranfield	STATE & ZIP CODE/COUNTRY Bedfordshire MK43 0TD, GB	

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

STATUS (Check one)

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)



Send Correspondence to:	23347 PATENT TRADEMARK OFFICE	Direct Telephone Calls to: Bonnie Deppenbrock 919-483-1577
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR BURBIDGE	FAMILY NAME BURBIDGE	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Anthony
0	INVENTOR'S SIGNATURE 	Date:		
1	RESIDENCE & CITIZENSHIP Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR CLARE	FAMILY NAME CLARE	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL John
0	INVENTOR'S SIGNATURE 	Date:		
2	RESIDENCE & CITIZENSHIP Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR COX	FAMILY NAME COX	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 	Date:		
3	RESIDENCE & CITIZENSHIP Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR DUPERE	FAMILY NAME DUPERE	FIRST GIVEN NAME Joseph Jonathan	SECOND GIVEN NAME/INITIAL JEBD
0	INVENTOR'S SIGNATURE 	Date: x 13 March 2002		
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2	FULL NAME OF INVENTOR HAGAN	FAMILY NAME HAGAN	FIRST GIVEN NAME Russell	SECOND GIVEN NAME/INITIAL Michael
0	INVENTOR'S SIGNATURE	Signature		
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2	FULL NAME OF INVENTOR XIE	FAMILY NAME XIE	FIRST GIVEN NAME Xinmin	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Burlingame	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP GB
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